

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC AFFAIRS

15 FEB 19 AM 9:56

1. (a) Name of Candidate (in full) William M Cassidy		
(b) Address (number and street) PO Box 80505		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Baton Rouge LA 70898-0505		2. Candidate's FEC Identification Number S4LA00107
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate LA 00		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Bill Cassidy for US Senate		
(b) Address (number and street) PO Box 80505		
(c) City, State, and ZIP Code Baton Rouge LA 70898-0505		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

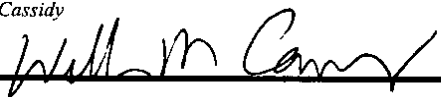
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Founders Senate Candidate Committee		
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State, and ZIP Code Alexandria VA 22314-5404		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate William M Cassidy 	Date 02/10/2015
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy Victory Committee

(b) Address (number and street)

228 S Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gap Victory Fund 2014

(b) Address (number and street)

228 S Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy Victory

(b) Address (number and street)

500 Cummings Center  
Suite 4400

(c) City, State and ZIP Code

Beverly

MA

01915-6518

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Barrasso Cassidy Victory Committee

(b) Address (number and street)

901 N Washington Street  
Suite 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GOP Victory Fund 2014

(b) Address (number and street)

228 S Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy Perdue Sullivan Tillis Victory Fund

(b) Address (number and street)

901 N Washington Street  
Suite 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

15020105718

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy For Senate Victory Committee

(b) Address (number and street)

PO Box 9891

(c) City, State and ZIP Code

Arlington

VA

22219-1891

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate Battleground Fund

(b) Address (number and street)

228 S Washington Street

Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Six In '14 Fund

(b) Address (number and street)

228 S Washington Street

Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy Rounds Victory Committee

(b) Address (number and street)

901 N Washington Street  
Suite 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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Boyle LA 70802

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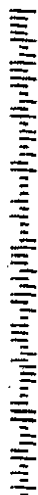
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BY THE SENATE  
POST OFFICE

Office of Public Records

Po Box 77578

Washington DC 20013

20013657878



JULIE ADAMS  
SECRETARY

DANA K. MACCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

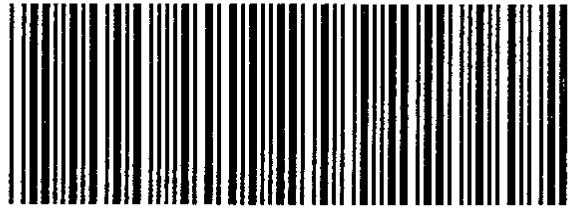
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Date of Receipt

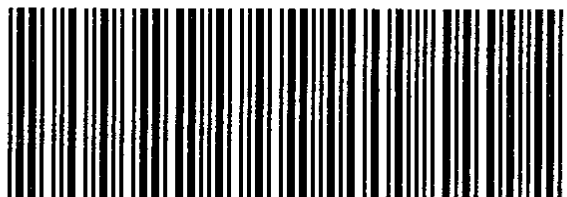
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PREPARER DH DATE PREPARED 2-19-15

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